Event Details

PeopleSoft Strategic Sourcing Event ID Type Page Format 40100-0000012874 RF **Event Round** Version **Event Name** AED Maintenance Start Time **Finish Time**

08/04/2023 12:00:00 CDT

Event Currency: US Dollar Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Transportation

Call for Shipping Information

United States

Contact: Stephen Seibert Phone: (615) 253-2187

stephen.seibert@tn.gov Email:

Event Description

07/18/2023 08:00:00 CDT

The purpose of this Invitation to Bid Event is enter into a three (3) year contract with two (2) possible renewals for AED Program Management/Direction. This is to bring all AEDs back into the compliance of Tenn. Code Ann 68-140-403 thru 405 and Federal OSHA recommendations.

Questions are due by 7/21/2023.

Procurement Contact: Stephen Seibert p. 615-253-2187.

Email: Stephen.Seibert@tn.gov

READ THE ENTIRE BID, including the Event Details, Specifications, and Terms and Conditions and any other attachments.

If the Review and bid on this event link included in the e-mail notification does not work, please go to https://sso.edison.tn.gov/psp/paprd/SUPPLIER/SUPP/h/?tab=PAPP GUEST Log in with your vendor ID and password in order to search bid opportunities.

NOTE: Need help with EDISON? Call the Edison HELP Desk at 866-376-0104 or

615-741-4357

Please do not wait until the last day to POST YOUR BID. The Edison system will sign you out after 30 minutes of inactivity. Your password expires EVERY 90 DAYS. It is the responsibility of the Edison User (bidder/vendor) to maintain their own profile information (Email address, phone numbers, address or contacts) and to continue to keep it current by logging into the Supplier Portal and making changes as needed.

Supplier Portal link: https://sso.edison.tn.gov/psp/paprd/SUPPLIER/SUPP/h/?tab=PAPP GUEST (Maintain supplier information)

Central Procurement Office Website: https://www.tn.gov/generalservices/procurement.html

The website is constantly being updated with information to assist the agencies and vendors; you are encouraged to visit the website frequently.

General Questions

UOM Question **Best** Worst Response Please complete the attached form, included with the Terms and Conditions document, and attach all pertinent documentation regarding your company's efforts to achieve diversity business participation. This information must be submitted with the bid document and monthly thereafter until a reasonable level of diversity business participation is achieved. Confirm below that you have completed this attached form by choosing, "Yes."

Required: Yes Mandatory Response No

Response Comments			
-			

PeopleSoft Strategic Sourcing Event ID Format Туре Page Bidder: **PUBLIC EVENT DETAILS** 40100-0000012874 **Event Round** Version **Submit To:** Transportation Call for Shipping Information **United States Event Name** Contact: Stephen Seibert AED Maintenance **Start Time Finish Time** Phone: (615) 253-2187 stephen.seibert@tn.gov 07/18/2023 08:00:00 CDT 12:00:00 CDT Email: 08/04/2023 **Event Currency: US Dollar** Bids allowed in other currency: Question **UOM** Best Worst Response Please answer yes or no to the following. If YES, describe using additional pages and attach to the Response including any relevant details: (a) is the Respondent presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency; (b) has the Respondent within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) is the Respondent presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and (d) has the Respondent within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default. Required: Yes Mandatory Response No Response Comments Please attach documentation that reflects you are registered with the Department of Revenue for sales and use tax, as stated in the Terms and Conditions. If you are exempt, please provide a copy of the communication from the Department of Revenue supporting this exemption. Required: Yes Mandatory Response No **Response Comments**

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40100-0000012874 Event Round	Sell Version	RFx	3	_	Submit To:	Transportation Call for Shipping Information	
Event Name	Τ					United States	
AED Maintenance					Contact:	Stephen Seibert	
Start Time 07/18/2023 08:00:00	CDT	Finish Time 08/04/2023 12:00:	00 CDT		Phone: Email:	(615) 253-2187 stephen.seibert@tn.gov	
Event Currency: Bids allowed in other	currency:	US Dollar No					
Question			UOM	Best		Worst	Response
Please enter the number	er of days, fro	om the bid opening					
date, after which your b	oid offer will e	xpire:		0			
Required: Yes Mar	ndatory Resp	onseNo					
Response Comm	nents						
I (we) agree to strictly a terms contained in the I General Services, Cent by reference made a paspecial terms, condition in the invitation to bid.	rules of the C ral Procurem art hereof, in as and specif	epartment of ent Office, which are addition to the ications embodied					
IMPORTANT: By Select compliance with the about this bid is made without	ove and furth	er certifies that		Yes			
Required: Yes Mar	ndatory Resp	onse:Yes					
Response Comm	nents						
The Respondent affirms required by the Iran Div 12-12-111: "By submiss Respondent and each prespondent certifies, a response each party thorganization, under perbest of its knowledge as is not on the list created \$ 12-12-106." For refer currently available onlinhttps://www.tn.gov/geneprocurement-officecpc brary.html	restment Act sion of this reperson signir and in the case ereto certifies halty of peritual difference purpose ereto eretifies at: ereto eretifies at the purpose eretifies at: ereto eretifies at the purpose eretifies at: ereto eretifies at the purpose eretifies at:	Tenn. Code Ann. § sponse, each g on behalf of any e of a joint s as to its own y, that to the each Respondent Tenn. Code Ann. es, the list is					
Required: Yes Mar	ndaton/ Pecn	onse t No					
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Response Comments

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Event Currency: US **Bids allowed in other currency:** No **US** Dollar Bidder: **PUBLIC EVENT DETAILS**

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Email:

Question	UOM	Best	Worst	Response
We ask that you take a few short minutes to complete this survey. The purpose of this survey is to capture Respondents' assessments of CPO procurement processes. Your responses will remain anonymous, and will have no bearing or consideration on contract award.				
https://www.surveymonkey.com/r/stateoftncpocustomer				
Required: No Mandatory Response:No				
Response Comments				
Please list the following information:				
List the Contract Administrator's Name List the Contract Administrator's Address List the Contract Administrator's Phone Number List the Respondent's Toll Free Phone Number List the Contract Administrator's Pager or Cell Number List the Contract Administrator's Email Address				
List the Respondent's Website				
Required: Yes Mandatory Response No				L
Response Comments				

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Event Currency: US **Bids allowed in other currency:** No **US** Dollar

Bidder: **PUBLIC EVENT DETAILS**

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Stephen Seibert (615) 253-2187 stephen.seibert@tn.gov Contact: Phone:

Email:

Line Details									
Line: 1 Item ID: 1000201967 Required: Yes Reserve Price: No	Line Qty: 330.00 UOM: Each	Bid Qty: 330							

Description: AED Program Management/Medical Direction

Question	UOM	Best	Worst	Response
What is the unit price of this item?				

Required: Yes Mandatory Response: No

Response Comments

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Firm Name:		
Name:	Signature:	Date:
Name.	Signature.	Date.
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		

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United States

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Appendix A - Line Specifications
Line: 1 | Item ID: 1000201967 | Line Qty: 330 | U

UOM: Each

Description: AED Program Management/Medical Direction

Item Specifications

Manufacturer: Mfg Item ID: Item Length: 0 Item Width: 0 Item Volume: Item Weight: Item Size:

Item Height: Dimension UOM: Volume UOM: Weight UOM: Item Color:

Shipping Information

Schedule: Quantity: 330 Due Date: 08/09/2023

Freight Terms:

Ship Via: Best Option Available Ship To:

Multiple Locations Statewide Multiple Locations Statewide

United States

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Appendix B - Terms & Conditions

- The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that the information given above is true, accurate, and includes pertinent information necessary to identify and explain the operation of this organization to the best of my knowledge and is in no way misleading.
- 2. Should any data change in the future, the Supplier agrees to immediately submit the correct information electronically through the State's Supplier Portal.

If the information will be submitted in writing please mail to the following address:

Department of Finance and Administration 312 Rosa L. Parks Ave. 21st Floor Tennessee Tower ATTN: Supplier Maintenance Nashville, TN 37243

3. No person on the grounds of handicap or disability, age, race, color, religion, sex, national origin, creed, or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of the Contract or in the employment practices of the Contractor. The Contractor shall, upon request, show proof of such non-discrimination, and shall post in conspicuous places, available to employees and applicants, notices of non-discrimination.

Last Updated: 08/30/2016